## M ij ব ঘ Ð 502

FE5AN018

FORM 3

## **REPORT OF RECEIPTS** AND DISBURSEMENTS

For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECEIVED

15 APR 16 PN 5:31

|                                                                                                                                                | Tor Air Addressed Committee                       |                      |                                          |                  | Office Use Only |                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|------------------------------------------|------------------|-----------------|--------------------------------|--|
| 1. NAME OF<br>COMMITTEE (                                                                                                                      | TYPE OR I                                         | -                    | Example: If typin over the lines.        | g, type          | 12FE4M5         |                                |  |
| FRIENDS OF STEVEN WELCH                                                                                                                        |                                                   |                      |                                          |                  |                 |                                |  |
|                                                                                                                                                |                                                   |                      |                                          |                  |                 | <u> </u>                       |  |
|                                                                                                                                                |                                                   |                      |                                          |                  |                 |                                |  |
| ADDRESS (number a                                                                                                                              |                                                   | T WOODS LANE         |                                          | <u> </u>         |                 |                                |  |
| Check if different                                                                                                                             |                                                   |                      |                                          |                  |                 |                                |  |
| than previ                                                                                                                                     | ously   MALVER                                    | N<br>                | 1111                                     |                  | PA 1935         | 5                              |  |
| 2. FEC IDENTIF                                                                                                                                 | ICATION NUMBER V                                  | CITY                 |                                          |                  | STATE A         | ZIP CODE                       |  |
| C C00463                                                                                                                                       | <del>V V V V V V V V V V V V V V V V V V V </del> | 3. IS THIS           | X NEW                                    | ,                | AMENDED         | STATE ▼ DISTRICT               |  |
| <u> </u>                                                                                                                                       | <u>^</u>                                          | REPORT               | (N)                                      | OR               | (A)             | PA L                           |  |
| 4. TYPE OF RI                                                                                                                                  | EPORT (Choose One)                                | (b) 12-Day <b>PR</b> | E-Election Repo                          | ort for the      |                 |                                |  |
| (a) Quarterly                                                                                                                                  | Reports:                                          |                      |                                          | F                | 7               |                                |  |
| X April                                                                                                                                        | 15 Quarterly Report (Q1)                          |                      | Primary (12P)                            | F                | General (12G)   | Runoff (12R)                   |  |
| July 1                                                                                                                                         | 5 Quarterly Report (Q2)                           |                      | Convention (                             | 12C)             | Special (12S)   |                                |  |
| Octob                                                                                                                                          | per 15 Quarterly Report (Q                        | 3) Election of       | n                                        | D * D /          | <u> </u>        | in the State of                |  |
| Janua                                                                                                                                          | ry 31 Year-End Report (Y                          | (c) 30-Day <b>PO</b> | (c) 30-Day POST-Election Report for the: |                  |                 |                                |  |
| -                                                                                                                                              |                                                   |                      | General (30G                             | )                | Runoff (30R)    | Special (30S)                  |  |
| Termir                                                                                                                                         | nation Report (TER)                               | Election or          | ) M M /                                  | D D /            | 7 Y Y W Y X     | in the State of                |  |
| 5. Covering Perior                                                                                                                             |                                                   | 2015                 | through                                  | м <sup>м</sup> м | / B + 0 / Y     | 2015                           |  |
| I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.                        |                                                   |                      |                                          |                  |                 |                                |  |
| Type or Print Name of Treasurer ALEX BARNA                                                                                                     |                                                   |                      |                                          |                  |                 |                                |  |
| Signature of Treasurer  ALEX BARNA  ALEX BARNA  Date    Date                                                                                   |                                                   |                      |                                          |                  |                 |                                |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. |                                                   |                      |                                          |                  |                 |                                |  |
| Office<br>Use<br>Only                                                                                                                          |                                                   |                      |                                          |                  |                 | EC FORM 3<br>(Revised 02/2003) |  |